

CONSUMER COMPLAINT FORM - PROCESSED FOOD/BEVERAGE

MONTANA DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

This form is for use by County Health Departments for reporting processed food complaints to DPHHS for possible referral to FDA or USDA

Date _____ Form completed by _____ Ph: () _____

Product Name _____ Size _____

Manufacturer & Address _____

Code or Identification# _____

Use-by date or code _____

Where Purchased _____ Address _____ MT _____ ZIP _____

Has the Retail Source Been Contacted? _____ Retail Phone _____

Retail Person Contacted _____ Time and Date Purchased _____

Consumer _____ Address _____

City/State/Zip _____ Email _____

Day Phone () _____ Work Phone () _____ Other _____

Where & When Consumed or Discovered: _____

Complaint Explanation: _____

Amount of product left _____ Where _____

Sample Obtained & Submitted to Laboratory? _____

Has Illness/Injury Occurred? _____ (If Illness, attach additional information/food history...)

Doctor's Name and Address _____

Hospital/Location /Phone/Dates _____

Findings & Disposition: _____

Continue on back.

(Enter information in above spaces and fax to the: 24 hour Disease Reporting Hotline @ 1-800-616-7460
or fax to the Montana Food & Drug Program 406 444-4135)

Follow Up: _____

FOOD, DRUG & COSMETIC PROGRAM/FOOD & CONSUMER SAFETY SECTION sstrom@state.mt.us
COGSWELL BLDG C-317 HELENA, MONTANA 59620 / PHONE (406) 444-2408 FAX (406) 444-4135

(Fax) ES 77 10/99

